

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES

ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) APPLICATION PROCESS

Muccos		
OWTS APPLICATION INFORMATION		
APPLICATION NUMBER		DATE APPLICATION RECEIVED
COUNTY		
SITE ADDRESS		
OWNER'S NAME	INSTALLER'S NAME	
DAYTIME PHONE	DAYTIME PHONE	
EVENING PHONE	EVENING PHONE	
INSTALLER OR OWNER CONTACT-DATE		
DATE REVIEWED	REVIEWING EPHS	
COMMENTS		
DDELIMINADY CITE INCDECTION DATE		
PRELIMINARY SITE INSPECTION DATE		
COMMENTS		
DEDINITION FOR DATE		
PERMIT ISSUED DATE		
FINAL MODERATION DATE		
FINAL INSPECTION DATE		
OFFITEIOATION FORM OFFIT DATE (VEFF 1 000) OF FORM III THE	OFFICIATION FORM RESERVED 2 :	
CERTIFICATION FORM SENT DATE (KEEP A COPY OF FORM IN FILE)	CERTIFICATION FORM RECEIVED DATE	
CERTIFICATION SYSTEM WITHOUT ONSITE INSPECTION ACCEPTED DATE	1	
WATELL ATION APPROVED DATE		
INSTALLATION APPROVAL DATE		

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SITE EVALUATION REVIEW SHEET				
APPLICATION NUMBER			DATE	
TYPE OF SITE EVALUATION SOIL MORPHOLOGY PERCOLATION TEST				
	PIT/CORE #1	PIT/CORE #2	PIT/CORE #3	
a) TOPOGRAPHY:				
b) TEXTURE:				
c) STRUCTURE:				
d) DRAINAGE:				
e) THICKNESS:				
f) RESTRICTIVE HORIZON:				
g) AVAILABLE SPACE				
OVERALL				
DAILY FLOW				
LOADING RATE				
TREATMENT UNIT SIZE				
FIELD SIZE				
TANK/FIELD SETBACKS				
VARIANCES REQUESTED				
North				
NOTES				

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CONTACT LOG	
APPLICATION NUMBER	DATE

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